## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10/750666 Application or Docket Number 5999-0096:02

| CLAIMS AS FILED - PART I  |  |   |                                |                                      |                         |                                |                  | SMALL ENTITY |                        |      | OTHER THAN   |                        |  |
|---|--|---|--------------------------------|--------------------------------------|-------------------------|--------------------------------|------------------|--------------|------------------------|------|--------------|------------------------|--|
| _   |  |   | (Column 1)                     |                                      | (Colu                   | (Column 2)                     |                  | TYPE         |                        | OR   | SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 14                             | 14                                   |                         |                                | ŀ                | RATE         | FEE                    | 7    | RATE         | FEE                    |  |
| FOR   |  |   | NUMBER FILED .                 |                                      | NUMB                    | MBER EXTRA                     |                  | BASIC FE     | 385.00                 | OR   | BASIC FEE    | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / / minus 20=                  |                                      | •                       |                                |                  | X\$ 9=       |                        | OR   | X\$18=       |                        |  |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =                    |                                      |                         |                                |                  | X43=         |                        | OR   | X86=         |                        |  |
| М   | ULTIPLE DEPE                                   | NDENT CLAIM P                               | RESENT                         |                                      |                         |                                |                  | +145=        |                        | OR   | +290=        |                        |  |
| *   | f the difference                               | e in column 1 is                            | less than z                    | ero, enter                           | *0" in c                | olumn 2                        | ı                | TOTAL        |                        | OR   | TOTAL        | טמ                     |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                |                                      |                         |                                |                  |              |                        |      | OTHER        | THAN                   |  |
| _   |  | (Column 1)                                  |                                | (Colum                               |                         | (Column 3)                     | _                | SMALL        | ENTITY                 | OR   | SMALL        | ENTITY                 |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                | HIGHI<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY             | PRESENT<br>EXTRA               |                  | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 14  | Minus                          | ** /                                 | 4                       | =                              |                  | X\$ 9=       |                        | OR   | X\$18=       |                        |  |
| AME   | Independent                                    | * / C                                       | Minus                          | ***                                  | 2 1                     | <u>-</u>                       | ] [              | X43=         |                        | OR   | X86=         | ·                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                |                                      |                         |                                |                  | +145=        |                        | OR   | +290=        |                        |  |
|   |  |   |                                |                                      |                         |                                |                  | TOTAL        |                        | OR   | TOTAL        |                        |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)   |  |   |                                |                                      |                         |                                |                  |              |                        |      |              |                        |  |
| AMENDMENT B   |  | CLAIMS                                      |                                | HIGHE                                | ST                      | 100000                         | 1 r              |              | ADDI-                  | 1    |              | ADDI-                  |  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT             |                                | NUMB<br>PREVIOU<br>PAID F            | USLY                    | PRESENT<br>EXTRA               |                  | RATE         | TIONAL                 |      | RATE         | TIONAL<br>FEE          |  |
|   | Total  | . 14  | Minus                          | ** , C                               | (                       | - /                            |                  | X\$ 9=       |                        | OR   | X\$18=       |                        |  |
| AME   | Independent                                    | ٠ ج   | Minus                          | ***                                  | <del>2</del> ∤          |                                |                  | X43=         |                        | OR   | X86=         |                        |  |
|   | FIRST PRESE                                    | NTATION OF MU                               | LTIPLE DEP                     | ENDENT                               | CLAIM                   | <u>. Ll</u>                    | !   <del>-</del> | +145=        |                        | OR   | +290=        | •                      |  |
| •   |  |   |                                |                                      |                         |                                |                  | TOTAL        |                        | L    | TOTAL        |                        |  |
| ADDIT. FI   |  |   |                                |                                      |                         |                                |                  |              |                        | OR , | DDIT. FEEL   |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                |                                      |                         |                                |                  |              |                        |      |              |                        |  |
| A!!ENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>ISLY              | PRESENT<br>EXTRA               |                  | RATE         | ADDI-<br>TIONAL<br>FEE |      | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus                          | **                                   |                         | <b>-</b>                       |                  | X\$ 9=       |                        | OR   | X\$18=       |                        |  |
|   | Independent                                    | *   | Minus                          | ***                                  |                         | =                              | ┢                |              |                        | ~    |              |                        |  |
| _ ا   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                |                                      |                         |                                | ·                | X43=         |                        | OR   | X86=         |                        |  |
| +145= OR +290=  |  |   |                                |                                      |                         |                                |                  |              |                        |      |              |                        |  |
| ** If th *Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter *20.*  **OF TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                                |                                      |                         |                                |                  |              |                        |      |              |                        |  |
| 7   | i me "Highest Num<br>he "Highest Num!          | nber Previously Paid<br>ber Previously Paid | g For IN THIS<br>For (Total or | SPACE is I                           | ess than<br>I) is the h | 3, enter *3.*<br>ighest number |                  |              | opriate box            |      |              |                        |  |
|   |  |   |                                |                                      |                         |                                |                  |              |                        |      | •            |                        |  |